

# PGY1 Pharmacy Residency

*emphasis in primary/ambulatory care*

**VA Hudson Valley Health Care System  
Castle Point — FDR Montrose, NY**



**VA**  
HEALTH  
CARE

Defining  
**EXCELLENCE**  
in the 21st Century



# About VA HVHCS (visit our facility's website at: <http://www.hudsonvalley.va.gov/>)

In 1996, two Veteran Administration Medical Centers (VAMCs) in Veterans Integrated Service Network (VISN) 3 consolidated their services. It was the first locally initiated integration of its kind. In March of 1997, Castle Point VAMC and Franklin Delano Roosevelt (FDR) VA Hospital joined to become the VA Hudson Valley Health Care System (VA HVHCS), which now services 28,000 Hudson Valley veterans annually. Consisting of two main campuses and a host of community based outpatient clinics (CBOCs), VA HVHCS is dedicated to providing a wide range of services, including medical, psychiatric, and extended care.

## FDR Montrose:

As the southern facility of VA HVHCS, the FDR Montrose Campus is located in northern Westchester County just 38 miles north of New York City. A former estate and original historic site of the mansion Boscobel or "beautiful woods," this medical facility opened in 1950, boasts one of the largest community home care programs for veterans within the entire VA system. The program follows veterans who live in community residences, providing a link to a full array of health and medical services available at both main campuses. The FDR Montrose campus provides services for acute and chronic mental health and extended care to a large geriatric population. Three residential programs specialize in recovery from substance abuse, post-traumatic stress disorder, and homelessness. Outpatient services includes primary care, mental health, dentistry, optometry, podiatry, and women's health clinics.



## Castle Point:

The northern facility of VA HVHCS, the Castle Point Campus, opened in 1924 and is located on the scenic banks of the Hudson River, just 65 miles north of New York City. It delivers modern, progressive healthcare services to our nation's veterans. A wide range of medical services, intermediate medicine, rehabilitation medicine, same-day surgery, and primary care are available at this facility. Various specialty care services as well as outpatient mental health services are also available.



## CBOCs:

There are a number of CBOCs in surrounding counties: Orange County (Goshen and Port Jervis), Sullivan County (Monticello), Rockland County (New City), Putnam County (Carmel), and Dutchess County (Poughkeepsie and Pine Plains). These clinics bring care closer to veterans in the communities in which they live.



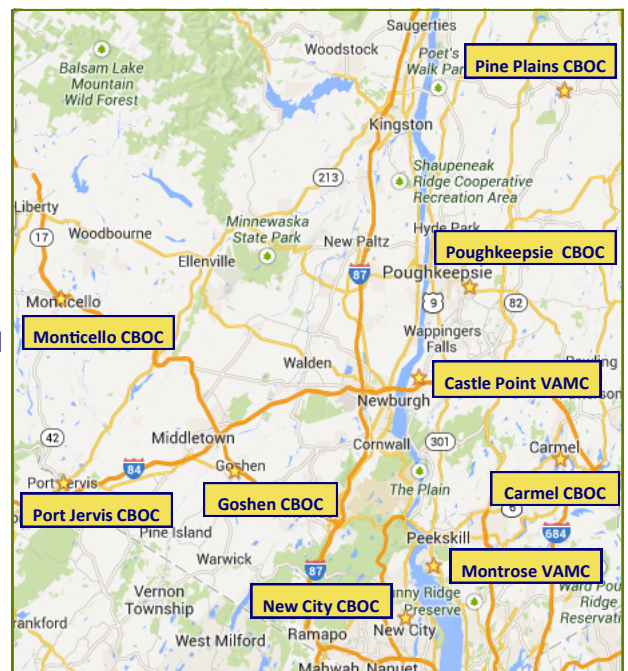
*Pictured from left to right are the Monticello, Pine Plains, and Port Jervis rural community-based outpatient clinics (CBOCs).*

## Rural Health CBOCs:

VA HVHCS sponsors three rural CBOCs in Monticello, Pine Plains, and Port Jervis. Each rural CBOC is approximately a 1 hour and 15 minute drive from the FDR Montrose campus and less than an hour's drive from the Castle Point campus. The Monticello CBOC has a panel of about 1130 patients per provider (ranging from age 23-92 years) and 94% live in rural areas. The Port Jervis CBOC has an average panel of 1169 patients per provider (ranging from age 26-91 year) with 93% living in a rural area. The Pine Plains CBOC has an average panel of 466 patients per provider (ranging from age 23-92 years) with all patients living in rural areas. The top three diagnoses for these patients are obesity, hypertension, and diabetes.

## VA Network:

VA HVHCS is part of a larger network of care - VISN 3 - that includes VAMCs in the Bronx, Brooklyn, East Orange, Lyons, Manhattan, and Northport. Together they represent a comprehensive healthcare system available to veterans throughout the NY/NJ area. A sharing relationship with Keller Army Hospital at West Point also provides veterans with enhanced services. Focusing on improving access and continuity of care, VA HVHCS provides innovative healthcare with an emphasis on performance improvement. A majority of our patients receive care through primary care clinics focusing on health promotion and disease prevention. We use the latest technology to provide high quality healthcare, including a computerized medical record, barcoding for medication administration and an automated system for filling prescriptions. Patient and customer satisfaction is one of our top priorities. We continue to expand and improve healthcare programs and services to meet the needs of our patients. Veterans can receive information and care through patient education, preventive medicine, telephone advice systems, urgent care, acute and long-term inpatient care, outpatient care, rehabilitation, hospice and home healthcare services.



## Program Overview

The post-graduate year one (PGY1) Pharmacy Residency program at VA HVHCS is designed to allow development of the resident into a clinical practitioner, who will contribute to positive outcomes in the practice of pharmacy. The program is a comprehensive, multi-site, healthcare system-based, 12-month (July 1 – June 30) post-graduate residency. Pharmacy residents completing the VA HVHCS PGY1 Pharmacy Residency program will have the ability to accelerate their growth beyond entry-level professional competence in patient-centered, pharmacy operational services, and to further the development of leadership skills. In accordance with the American Society of Health-System Pharmacists (ASHP) standards, the goals of the residency program are to train pharmacists to develop the skills necessary to ensure optimal delivery of drug therapy to all patients, analyze and disseminate drug information to health care professionals and patients, investigate therapeutic problems in a scientific manner, and enhance the verbal and written communication skills of the resident. Residents will be expected to provide care to a wide range of patients, become leaders in the medication use process, manage pharmacy practice, function competently and in partnership with other providers, and teach at an appropriate level when the residency is completed.

## Program Affiliation

The residency is funded by the Office of Academic Affiliations and affiliated with the Hudson Valley Rural Geriatric Education Collaborative Program. This collaborative program aims to prepare associated health trainees to provide high-quality health care to older rural veterans. As such, PGY1 residents are exposed (on a limited basis) to the interdisciplinary teams at our rural health community based outpatient clinics. The PGY1 residents may also electively take part in multi-modal educational offerings (i.e. journal clubs, case conferences, seminars, workshops) offered by the VISN 3 GRECC (Geriatrics Research, Education, and Clinical Center) and RHTI (Rural Health Training & Education Initiative).



## Purpose

The PGY1 Pharmacy Residency Program at the VA HVHCS is designed to allow development of the resident into a competent clinical practitioner who will contribute to positive outcomes in the practice of pharmacy. The program offers comprehensive training with a focus on direct patient care in the ambulatory care setting. Areas of focus in ambulatory care, although not limited to, include anticoagulation, diabetes, hypertension, dyslipidemia, tobacco cessation, and patient compliance. Other key practice areas include geriatrics, infectious disease, inpatient and outpatient staffing, and pharmacy administration. In addition, the program is designed to provide the resident with effective communication skills, foster development of clinical pharmacy programs and services, and appreciate cost-effective formulary management strategies. Residents will develop professional maturity through demonstrating leadership and practice management skills, evaluating their own performance in the program, and educating patients and providers. The program integrates residents into the medication use process so they develop a firm understanding of the clinical, distributive, and administrative aspects of the pharmacy profession.

Residents completing the PGY1 Pharmacy Residency Program will be highly skilled pharmaceutical care providers who will be prepared to work independently as an integral member of a health care team. Upon completion of the program, residents will be equipped with the knowledge and skills necessary to function autonomously as a clinical pharmacist, or succeed in an advanced PGY2 residency training program.

## Outcomes

Residents will be held responsible and accountable for acquiring the following outcome competencies. They must meet the required goals and objectives in a manner specified by ASHP to accomplish these outcomes.

1. Manage and improve the medication-use process.
2. Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.
3. Exercise leadership and practice management skills.
4. Demonstrate project management skills.
5. Provide medication and practice-related education/training.
6. Utilize medical informatics.



## Required Learning Experiences:

- Orientation
- Residency Project
- Pharmacy Education
- Clinical Practice Management
- Community Living Center (CLC)/ Geriatrics
- Inpatient & Outpatient Pharmacy Staffing
- Anticoagulation
- Primary Care/ Patient Aligned Care Team (PACT) I & II
- Pharmacy Administration
- Infectious Disease
- Clozaril Clinic

## Elective Learning Experiences:

- Home-Based Primary Care (HBPC)
- Pain Management
- Pharmacy Informatics
- Mental Health/ Tobacco Cessation
- Rural Health/PACT

## Rotations

Structurally, the residency is conducted as a series of required 4-6 week rotations and longitudinal learning experiences carried out at both the Castle Point and Montrose FDR campuses. The resident is expected to simultaneously prioritize and work on the ongoing clinical, didactic, administrative, and project activities. Time is split between the Castle Point and Montrose FDR campus in a roughly 60/40 distribution. Limited exposure to our Community Based Outpatient Clinics (CBOCs) and VISN3 network is offered. In addition, there is the opportunity for elective rotations, which are used to customize the residency. Learning experience scheduling will be made by the Residency Program Director (RPD) with several factors in mind. Some rotations are scheduled to optimize the experiences available and based upon preceptor availability. In addition, strengths and weaknesses of the resident will be utilized to develop a customized training plan and maximize opportunities for learning and development of individual interests. The resident works closely with the RPD and the primary preceptor(s) to develop goals, objectives, and activities that will assist the resident in expanding his/her skills for current and future pharmacy practice. Regular meetings with the RPD ensure that long-term goals of the residency program are fulfilled.

## Select Rotation Overview

**Residency Project:** Completion of a major project of the resident's choosing and of primary importance to VA HVHCS is required. Residents will work with a designated project preceptor to plan, carry out, and evaluate the results of this project. Projects may include a medication use evaluation, a continuous quality assurance/improvement project, development/improvement of a clinical services, retrospective chart reviews, or other ideas may be presented for discussion. Comprehensive project results are typically presented at the Eastern States Pharmacy Resident & Preceptors Conference or an ASHP/ACCP affiliate meeting. Submission of a final project manuscript is also required.

**Pharmacy Education:** Residents engage in various educational experiences throughout the year. This includes opportunities in staff education, patient education, as well as pharmacy student oversight and instruction. Residents are afforded with experiences in preparing and delivering both educational and training sessions of various types to healthcare colleagues supplemented by readings, projects, and discussions (i.e. drug information, journal club, case presentations, pharmacy in-services, newsletters, etc.). Patient education may occur in the clinical setting, informal didactic settings, or other venues such as healthcare fairs. Residents also serve as co-preceptors for pharmacy students from St. John's University, Albany College of Pharmacy & Health Sciences, and other affiliated schools of pharmacy.

**Clinical Practice Management:** Throughout the residency year, residents obtain experience and training in formulary management, knowledge of the medication safety and reporting systems, committee participation, and involvement with professional organizations and networking. Residents are expected to establish professional relationships, as well as enhance their time management, decision-making, and communication skills. Residents are assigned various activities, including review of non-formulary drug requests for appropriateness, safety, and cost effectiveness; monitoring medication utilization to identify areas for improvement; drug monograph development; management of national VA PBM cost-saving initiatives; working on formulary conversions; completing medication use evaluations; and management of the adverse drug reaction program. Residents may also be required to attend VA HVHCS and VISN 3 Nutrition/Pharmacy & Therapeutics Committee meetings.

**Pharmacy Staffing:** Residents are longitudinally exposed to both outpatient and inpatient pharmacy operations, with graduating levels of pharmacist responsibility. A minimum of eight hours per month of pharmacy staffing is required, and generally no more than 16 hours per month. Residents are NOT required to staff nights, weekends, or holidays.

**CLC/Geriatrics:** VA HVHCS has four CLCs with a total of 140 beds. Two are located at the FDR Montrose campus and two at the Castle Point campus. Residents attend interdisciplinary team meetings, conduct monthly medication regimen reviews, and optimize medication therapy in long-term care patients. Disease states commonly seen in this elderly population include Alzheimer's disease/dementia, congestive heart failure, hypertension, BPH, respiratory disease, Parkinson's disease, stroke/TIA, shingles, incontinence, diabetes, renal insufficiency, etc. Residents will gain familiarity with demographics of the elderly, including pharmacokinetic and pharmacodynamic changes, as well gain a better understanding of palliative care and end-of-life care.

**Infectious Disease:** The infectious disease (ID) team consists of two ID physicians, a clinical pharmacy specialist, a registered nurse, and a social worker. Residents assist the ID team by providing patient education and medication monitoring, especially in the areas of HIV and hepatitis C. In doing so, residents are expected to review patient medication profiles for drug-drug and drug-disease interactions, evaluate and monitor pertinent laboratory data, offer patient specific recommendations to optimize treatment, and provide extensive patient education to enhance medication compliance and reduce adverse effects. Other learning activities include pharmacokinetic monitoring of antibiotics (i.e. aminoglycoside, vancomycin) drug levels for inpatients, daily antimicrobial stewardship, participation in the ID consultation service, surveillance of appropriate antimicrobial use, and provision of treatment guidelines for primary care providers regarding travel prophylaxis.

**Anticoagulation:** This pharmacy-run clinic is responsible for managing all veterans receiving warfarin and other anticoagulants from VA HVHCS. The clinic provides care for nearly 700 veterans. Residents see patients in clinic and complete telephone follow-up to ensure safe and effective use of anticoagulation therapy. They also initiate therapy and participate in transitions of care from inpatient to outpatient. Residents also coordinate warfarin interruption for procedures, using low molecular weight heparin (LMWH) if warranted. Residents are involved with patient education regarding warfarin, target specific oral anticoagulants, and LMWH as needed.

**Pharmacy Administration:** Residents obtain valuable leadership experience in managing the practice of pharmacy under the supervision of pharmacy administrators. Residents gain exposure to the decision-making processes at VA HVHCS through participation in various committees and meetings. They are tasked with policy updates, budget and resource management, as well as acting as pharmacy supervision for the day.

**Primary Care/PACT I & II:** PACT teamlets at VA HVHCS include a primary care physician, a care coordinator, a clinical pharmacy specialist, a nurse, and other support personnel. Pharmacy-managed PACT clinics assist with the management of chronic disease states including but not limited to diabetes and dyslipidemia. Under the supervision of their pharmacy preceptor, residents provide direct patient care while supporting the multi-disciplinary PACT teamlet. Residents conduct chart reviews, patient interviews, limited physical assessments, and develop appropriate pharmaceutical care plans including applicable laboratory testing, medication orders, scheduled follow-up, and documentation in a timely & efficient manner. Residents help optimize patient care through delivery of patient education, recommendation of lifestyle modifications, and pharmacologic interventions based upon the most recent VHA guidelines and current literature. Medication titration and adjustments are performed with timely follow-up to ensure patient safety with medication use. Residents will also serve as a drug information consultant for the PACT team, fulfill other CPS responsibilities, and provide comprehensive pharmaceutical care services to scheduled clinic patients at the Castle Point & Montrose campuses and designated CBOCs.

**Clozaril Clinic:** Participation in the outpatient Clozaril Clinic provides residents with specific training and experience in the use of clozapine to treat patients with treatment-resistant schizophrenia. Residents spend roughly 2-3 hours per month, for 6 months, devoted to clozapine management. The experience includes direct assessment of patients and adherence to standardized protocols for clozapine initiation,

## Application Requirements:

- Letter of intent\*
- Curriculum vitae
- Official college transcripts (College of Pharmacy)
- Three references (PhORCAS standardized reference form is sufficient)
- Proof of US citizenship

\*The letter of intent should include the answers to the following three questions: (1) Why do you want to do this residency? (2) What are your personal and professional strengths? (3) Where do you see yourself in five years?

Application materials should be submitted through the Pharmacy Online Residency Centralized Application Service (PhORCAS). Additional information on PhORCAS may be found at:

<http://www.ashp.org/phorcas>

All application materials must be received by **January 15<sup>th</sup>** in order to be considered for an interview.

## Program Strengths

- ♦ Multi-site exposure to a wide variety of clinical practice settings, with emphasis on primary/ambulatory care.
- ♦ Credentialed and experienced pharmacy preceptors
- ♦ Flexible rotations tailored to the resident's area of interest
- ♦ Autonomy of clinical pharmacy specialists and exposure to clinical privileges
- ♦ Experience precepting IPPE and/or APPE pharmacy students
- ♦ Elective teaching & learning certificate program offered through the University of Connecticut
- ♦ Participation in direct-patient care disease management clinics including: Diabetes, Dyslipidemia, Tobacco Cessation, Anticoagulation, Hepatitis C, and Chronic Pain

## Benefits

- ♦ Competitive Stipend (estimated \$46,339)
- ♦ 13 paid annual leave days/13 paid sick days/10 paid federal holidays
- ♦ Subsidized health insurance
- ♦ Vision/dental benefit offered
- ♦ Free parking/lab coats/fitness center access
- ♦ Funds may be available to attend national and regional pharmacy conferences

## Eligibility

Applicant must be a US citizen (a requirement to be employed by the Department of Veterans Affairs) and have received a Doctor of Pharmacy degree from an accredited School of Pharmacy. Applicant shall be licensed, in any state, within 60 days of beginning the program. Applicants must be able to commit to the residency for a period of no less than one year, and be a highly motivated individual who desires advanced education and training leading to enhanced level of professional practice in pharmacy.

## Formal Interview & Selection

Candidates will be contacted for a formal on-site interview. A performance-based interview will be conducted. Interview process includes a 10-15 minute presentation. Therapeutic topic/case discussions may also be included in the interview process. Residency selection is made through the ASHP Resident Matching Program (<http://www.natmatch.com>).



U.S. Department  
of Veterans Affairs

**National Matching Code: #135013**

**For more information regarding the PGY1 Pharmacy Residency, please send all correspondence to:**

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